

SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND

THREE-DAY STD INTENSIVE CLINICAL COURSE ---APPLICATION FORM---

Please fill out this form and indicate course dates for which you would like to be considered.

The information requested in this application is confidential and will be used for program purposes only.

BOSTON MEDICAL CENTER, BOSTON

Lecture dates: ☐ January 27, 2009 ☐ March 31, 2009 ☐ July 21, 2009 ☐ October 20, 2009

Clinical hands-on trainings are scheduled on Mondays and Tuesdays, 8:30am-4:30pm.

Please list best dates to schedule two days of clinical hands-on training: _____

RACE/ETHNICITY: ☐ White, non-Hispanic ☐ Black, non-Hispanic ☐ Hispanic/Latino/Chicano ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other _____

Name _____

Title/Position _____

Department/Division _____

Healthcare Organization _____

Office Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

The Sylvie Ratelle STD/HIV Prevention Training Center of New England is committed to training new and experienced clinicians from New England in the diagnosis, treatment and management of sexually transmitted disease and the prevention of Human Immunodeficiency Virus (HIV). Because of the intensity of the training, with close one-to-one preceptorship, we can only offer this training to a limited number of clinicians. Participation includes the examination and treatment of patients, so some independent clinical practice is assumed. **Selection criteria is based on the ability to use training in daily practice and geographic diversity.** To help us in this process, please fill out the following questions as completely as possible:

- 1) How many hours are you involved in direct clinical care each week? _____
- 2) On average, how many STD 'at risk' patients do you examine in one day? _____
- 3) Of this total number, what percentage is female? _____%
- 4) What percentage of your work time is devoted to treating patients with an STD? _____%
- 5) What percentage of your work time is devoted to family planning services? _____%
- 6) How many times a month do you diagnose: HPV _____ Herpes _____ Vaginitis _____
PID _____ Urethritis _____ Genital Ulcer Disease _____ Chlamydia _____ Gonorrhea _____
- 7) Is there anything that you would like to tell us about your practice?

Have you attended any PTC courses, if so please give name and dates of courses attended:

Please mail or fax your completed application to:

Sylvie Ratelle STD/HIV Prevention Training Center of New England
State Laboratory Institute
305 South Street, Room 560 Jamaica Plain, MA 02130
Phone: [617] 983-6945 Fax: [617] 983-6962